



Consensus Statement: **The Use of Water for Labour and Birth**

The New Zealand College of Midwives (Inc) supports warm water immersion for women during labour as a method of pain management. There is no evidence that remaining in water for the birth of the baby leads to adverse outcomes for the mother or baby where the labour has been within normal parameters [1-6].

Women who make an informed choice to give birth in water should be given every opportunity and assistance to do so by midwives who have the appropriate knowledge base [7, 8].

Definition

Water immersion refers to immersion in water by pregnant women during any stage of labour where the woman's abdomen is fully submerged.

Water birth means where a baby is born fully submerged into water.

Rationale

- Immersion in warm water during the first stage of labour reduces the use of epidural/spinal anaesthesia [1].
- Immersion in warm water during labour reduces the length of the first stage of labour [3].
- There is no evidence to suggest that immersion in water during labour or birth in water leads to detrimental effects for either the mother or her baby. Whether birth in water reduces perineal trauma or blood loss is unclear and requires further research [2, 7, 8].
- Water immersion provides increased satisfaction levels for women with the birth experience [7].

Practice Notes

Midwives offering water immersion for labour and for birth are responsible for ensuring women who are interested in this option, have access to accurate and up to date information to enable informed decision making. Plans to labour in water or give birth in water are clearly documented in clinical notes [9].

The following guidelines are recommended:

- Water immersion and water birth are considered safe when there are no factors noted in fetal or maternal wellbeing prior to or during labour that would increase the risk of labouring and/or birthing in water [5, 9].
- Baseline assessments of both maternal and fetal wellbeing should be done prior to entering the bath/pool and assessments continued throughout the time in water as for any normal labour. A plan for the most appropriate method of fetal monitoring is discussed and agreed with the woman ante-natally [10]. If there are any concerns about fetal or maternal wellbeing the woman should be advised to leave the pool for further assessment [8].
- Encourage regular fluid intake by the woman to ensure adequate hydration
- Opioid analgesia is not recommended for women labouring in water [7]. If the woman has already had opioid analgesia administered and then asks to use the pool, clinical judgement is required as to whether this is appropriate or not.
- Fetal temperature is regulated through the maternal temperature therefore it is advised that the water temperature should be kept as cool as the woman finds comfortable during the first stage of labour to prevent hyperthermia [11]
- The temperature should be increased to between 36 and 37 degrees Celsius for the baby's birth [7].
- Assessment and documentation of maternal temperature and pool water temperatures should be undertaken [7, 9].
- Inadvertent traction on the umbilical cord as the baby is lifted to the surface may cause the cord to snap (avulsion) – ensure availability of cord clamps at birth[12]
- The baby's body should remain submerged in the water to maintain warmth; skin to skin contact on the mother's chest to maintain the new-born's temperature is recommended [7].
- Maintain close observation of new-born transition including colour, heart rate, respirations and temperature [13]. In most cases the birth of the placenta should be managed physiologically as for any other physiological birth [14]. If uterotonic is required or third stage is prolonged the woman is assisted to leave the bath/pool.
- Further research is required on third stage management as there is currently no reliable evidence that can be used to inform women regarding the benefits and risks of experiencing placental birth under water [7, 8].

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Ratification

This statement was ratified at the NZCOM AGM on 30 July 2015

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References updated 2015

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession’s position on any given situation. The guidelines are designed to educate and support best practice. All position statements are regularly reviewed and updated in line with evidence-based practice.